CUMBERLAND COUNTY COUNCIL

EDUCATION COMMITTEE

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REPORT

OF THE

SCHOOL MEDICAL OFFICER

KENNETH FRASER
M.D., F.R.S.E., D.P.H., D.T.M.

ON THE

MEDICAL INSPECTION OF SCHOOL CHILDREN

FOR THE YEAR ENDED
DECEMBER 31st, 1950

Carlisle:
Steel Bros. (Carlisle), Ltd., 60 English Street.

CUMBERLAND COUNTY COUNCIL

County Health Department,
11, Portland Square,
Carlisle.
March, 1951.

To the Chairman and Members of the Education Committee.

Mr. Chairman, My Lord, Ladies and Gentlemen,

I beg to present the Annual Report on the Medical Inspection and Treatment of School Children for the year ended 31st December, 1950.

STATISTICS

The statistical returns of the work undertaken are set out in the appropriate parts of this report. These statistics call for no comment, the figures having shown little variation from the previous year.

STAFFING AND FUTURE DEVELOPMENTS

My first reference must be to the deeply regretted death of Dr. Mary Mason, who for a long period of years faithfully served the Authority as a part-time eye-specialist in West Cumberland. She must have dealt with many thousands of cases, and not only was her work continually at the highest level, but she had gained the respect and affection of innumerable children and parents over the years. Steps are being taken in consultation with the Special Area Committee to fill the gap she has left in our School Health Service.

Miss Nelson retired from the service of the Council at the end of the year. I need not repeat here what I said twelve months ago as to the value of the services she has rendered to our crippled children over a long period.

Changes in the assistant medical staff have occurred. Dr. Knox left the service of the Council early in 1951, and Dr. Towers, after a very long period of service, retires in July. The annual report on the Health Services will be a more appropriate place to refer to the value of his service. Other changes in the medical staff are, or may be, impending. While steps have been, or will be, taken to fill these vacancies, and while temporary stop-gap

arrangements have been made, I have the impression that for the first time in our long experience it may not be possible during 1951 to carry out a medical inspection in all our schools. Such a situation, if it were to materialise, would be regrettable in the extreme.

The position regarding the school dental service further deteriorated during 1950 by the resignation of Dr. Thompson. Efforts have been made without avail to fill the vacancies on our assistant dental staff, and one is forced to the conclusion that advertising is simply a waste of money.

We were extremely glad to welcome, late in the year, Miss Chapman to take up the position of speech therapist, a post we have been trying to fill for about two years, and we have been equally glad to welcome Miss Morris, who took up Miss Nelson's work among our crippled children on the 1st of January, 1951.

The development of the child guidance service referred to later, the expansion of the work in orthodontics, the start of the speech therapist service, and the decision which has now been arrived at to start services in occupational therapy and in orthoptics, all indicate important progress.

It is regrettable that the meaning and purpose of important services tend to become obscured because of the elaborate and somewhat confusing terminology which it is the custom nowadays to apply to new services and appointments. A few explanations may be worth while:—

An orthopaedic physiotherapist deals with crippling conditions.

Orthoptics means, in the main, the treatment of squinting eyes.

Orthodontics means the correction of dental defects due mainly to the irregular eruption of the teeth.

A speech therapist deals with speech defects of one kind and another.

An occupational therapist teaches handicrafts to persons who are unable, on account of physical defects, to take their ordinary place in communal life.

A word about the value of an orthoptist, if we are lucky enough to obtain one. An orthoptist may be described as a person who applies corrective training under the direction of the eye specialist to a squinting eye. Without such provision an ophthalmic service is incomplete. A squinting eye, if neglected, becomes, for all practical purposes, useless, and continuous care in the early stages is necessary to save the sight of the eye. The person with only one good eye is continually at risk In my own necessarily limited experience of these matters I have personally come across a number of cases in which a one-eyed person as a result of injury to the sound eye has become blind. Every eye specialist knows the risk, and to prevent this risk is a worth-while job.

Apart from this aspect, the prevention of a permanent squint has a profound psychological value. So, too, the correction of a speech defect or of dental irregularities by orthodontics may completely revolutionise a child's outlook on life, and may remove an inferiority complex which has cast a blight over the child's life and, if uncorrected, will continue that blight into or throughout adult life.

On the matter of occupational therapy, it has been decided to start this service. The idea originated in relation to persons suffering from pulmonary tuberculosis, but it has been agreed that the service will not be limited to this group, but will be utilised to make life more worthwhile for many other persons, such as children suffering from spastic paralysis, children with congenital heart disease, and other groups, as well as similar groups of adults.

PHYSICALLY HANDICAPPED CHILDREN

The Ministry of Education have recently called for a survey of such children throughout the country, and the provision of educational and other facilities, suitable to each individual case, for children suffering from physical defects which prevent them from attending ordinary schools, is what the Ministry have in mind. The ultimate target is understood to be the provision on a national basis of an adequate number of special (including residential) schools for such children. A recent survey in Cumberland reveals that there are 46

children at home unable to attend school on account of some physical handicap. A number of these children are also mentally backward and may require special educational treatment primarily for the mental condition. Some are ineducable.

With regard to the children in whose case there is no mental retardation, the proposed occupational therapy service will come in, and no doubt in a number of cases it may be possible also to provide some educational training at home, although the difficulties of this in a rural area are obvious. Enquiry shows that of the 46 children, 19 are suffering from some form of paralysis—either as a result of brain injury at birth or as the aftermath of some illness, such as poliomyelitis. Children whose condition is the result of birth injury, and whose paralysis is of the spastic type, respond well to tuition in the company of others with similar defects. There are a few special schools in the country for such children, but they are not adequate in number, and it is understood that investigations on a national basis are proceeding with the object of ascertaining what additional accommodation is required. The balance of 27 children in the above 46 suffer from a wide range of defects, some having orthopædic defects, such as fragile bones, or tuberculosis of the bones and joints, others having lung ailments, such as bronchiectasis, and others again heart conditions, either congenital or as a result of rheumatic infection.

CO-OPERATION WITH THE HOSPITAL SERVICE

In this area this is, frankly, patchy. In the carrying out of our statutory duties as an Education Authority we require information on matters which affect the child's school life, such as whether the child is fit to take part in a normal school life, is fit to play games and do physical drill, requires transport to school, requires special provision to overcome defects of hearing or vision in assimilating education, and so on. Without this information we are seriously handicapped, and I have striven strenuously by personal contacts to overcome these difficulties in this area with, I regret to say, so far meagre results, in spite of the fact that as a member of both the East and West Cumberland Hospital Management Committees, I am, to some extent, in a position of privilege.

There are exceptions to this lack of co-operation, and from one or two quarters—for obvious reasons I cannot give names—we get most valuable help, which we deeply appreciate. Nevertheless, taken by and large, co-operation between the hospital service and the County Council as an Education Authority, and also as a Local Health Authority is very disappointing. The plain truth, of course, is that the three branches which form the tripod on which the National Health Service stands—(1) Hospital Boards and Management Committees, (2) Executive Councils, (3) Local Health Authorities—work very largely in watertight compartments. The Ministry of Health in H.M.C. (50) 21, issued in March, 1950, recognised, and asked hospital authorities to recognise, the joint responsibility of the Local Health or Local Education Authority and the general practitioner in the care of children, and failure to implement the Ministry's directive results in a sense of frustration which undoubtedly impedes the smooth running of the Health Services as a whole. This most important matter is one of the points dealt with in a memorandum recently submitted by the Society of Medical Officers of Health to a Departmental Committee appointed to report on co-operation in the National Health Service.

We are, incidentally, also finding out by experience that in general it takes longer, sometimes much longer, to get our children, especially out-of-the-way cases, investigated and treated than used to be the case prior to the coming into operation of the National Health Service Act.

B.C.G. VACCINATION AND MASS RADIOGRAPHY

While more a matter for comment in the report on the Health Services in general, it is worth noting here that a mass radiography unit is now in operation in the Special Area, and that as time goes on an increasing number of older school children will be examined by mass radiography. Similarly, in the matter of protection against tuberculosis by B.C.G. vaccination, increasing numbers of child contacts, many of whom are of school age, are being dealt with by Mantoux testing and, if found necessary, by B.C.G. vaccination.

CHILDREN'S SUNSHINE HOME, ALLONBY

We continue to get great benefit from this Home. The Home takes children between the ages of 4 and 11

years who are in need (possibly after some illness, such as whooping-cough) of a short period of convalescence—2 to 4 weeks. During 1950, 160 such children had short periods of residence at the Home from the area of the administrative county. The normal procedure is for the children to be selected by the school medical officer on medical grounds.

DIPHTHERIA IMMUNISATION

The number of children of school age immunised during the year was 754. In addition, 3,820 children were given reinforcing injections.

I am,

Your obedient Servant,

KENNETH FRASER,

School Medical Officer.

General Statistics.

Estimated population of Administrative County	212,170
Number of pupils on school registers	31,614

The number of schools in the County in January, 1950, were as follows:—

Primary	232)	
Secondary Modern	11)	287
Secondary Grammar and High	12)	Departments
Secondary Technical	1)	
Nursery	1)	

Medical Inspection.

Children attending maintained Primary, Secondary and Grammar Schools were examined as under:—

Routine inspections by age groups :		
Entrants	3,419	
Second Age Group	3,617	
Third Age Group	3,092	
	10,128	
Special inspections and re-inspections	19,745	
Total examinations ...	29,873	

As previously, children were examined at approximately 8 years of age for sight-testing, and an additional examination of children at 13 years of age attending Grammar Schools was also carried out.

TABLE A

SUMMARY OF DEFECTS FOUND AND REFERRED FOR TREATMENT

1 & 2.	Uncleanliness	2186
4.	Skin Diseases	1342
5.	Eyes—	
	(a) Vision	1367
	(b) Squint	248
	(c) Other	485
6.	Ears—	
	(a) Hearing	66
	(b) Otitis Media	214
	(c) Other	113
7.	Nose and Throat	1244
8.	Speech	38
9.	Cervical Glands	46
10.	Heart and Circulation	109
11.	Lungs	462
12.	Developmental—	
	(a) Hernia	21
	(b) Other	17
13.	Orthopaedic—	
	(a) Posture	33
	(b) Flat Foot	77
	(c) Other	195
14.	Nervous System—	
	(a) Epilepsy	18
	(b) Other	69
15.	Psychological—	
	(a) Development	82
	(b) Stability	32
16.	Other	1864

TABLE B

SHOWING THE ATTENDANCES AT INDIVIDUAL SCHOOL CLINICS

Clinic.	New Cases.	All cases. Attendances.
Alston	75	231
Aspatria	164	532
Brampton	181	658
Carlisle	100	152
Cleator Moor	358	1435
Cockermouth	351	1045
Egremont	257	657
Frizington	304	1168
Maryport	303	1007
Millom	442	1175
Penrith	403	1466
Whitehaven (Sandhills Lane)	392	1880
Whitehaven (Woodhouse)	374	1635
Wigton	290	1004
Workington	816	3571
Totals	4810	17616

TABLE C

SUMMARY OF WORK UNDERTAKEN AT THE SCHOOL CLINICS DURING THE YEAR

Condition for which child attended.	New Cases.	Attendances.
General Condition	285	2076
Eye Diseases	584	1961
Skin Diseases	1285	4782
Nose and Throat Conditions	354	748
Ear Conditions	251	1435
Enlarged Cervical Glands	31	98
Heart and Circulation	57	257
Lungs (non-tubercular)	163	813
Lungs (tubercular or suspected)	91	504
Tuberculosis (non-pulmonary)	11	67
Nervous System	70	173
Uncleanliness	137	962
Other Defects and Diseases	1343	3430
Deformities	131	284
Developmental	17	26
Totals	4810	17616

Total individual children attended, 5,025.

TABLE D

SHOWING THE WORK CARRIED OUT BY THE NURSING STAFF IN FOLLOWING UP DEFECTS

Condition.	No. of cases.	No. of visits paid.
Eye Conditions	6	10
Skin Diseases	8	17
Nose and Throat Conditions ...	379	1133
Ear Conditions	5	6
Heart and Circulation	6	10
Lungs (non-tubercular)... ...	—	—
Glands	—	—
General Cases	49	121
	453	1297

Uncleanliness.

The school nurses made 94,869 examinations of children for verminous conditions and uncleanliness, and of this total 2,186 children were adversely reported on. In this connection, and in connection with cases of uncleanliness discovered at the routine inspections, the school nurses paid 1,644 visits to the homes of the children, in addition, of course, to a very large amount of treatment undertaken at the school clinics. Perhaps it should be added, in case the above figure of 2,186 should appear disturbing, that the Ministry of Education require that all cases of infestation, however slight, should be recorded.

TABLE E

SHOWING ORTHOPAEDIC TREATMENT UNDERTAKEN DURING THE YEAR

Number on Aftercare Register at 1/1/50	562
New Cases during 1950	199
Cases re-notified after previous discharge	32
Number removed from Register	201
Number on Register at 31/12/50	592
Attendances at Surgeons' Clinics	627
Attendances at Aftercare Sister's Clinics	600
Home Visits by Aftercare Sister	147
Plasters applied at Clinics by Aftercare Sister ...	59
Plasters applied at home by Aftercare Sister ...	25
Surgical Boots & Appliances supplied and renewed	164
Cases receiving Hospital Treatment during 1950 ...	51

Awaiting admission to Hospital, 31/12/50 ...	29
X-Ray Examinations during 1950...	64
Awaiting X-Ray	18

TABLE F

SHOWING VARIETIES OF ORTHOPAEDIC CONDITIONS

Flat Foot	232
T.B. Joints	34
Congenital Defects	35
Injuries (including Fractures)	31
Poliomyelitis	46
Scoliosis, Kyphosis and Lordosis	22
Knock Knees and Bow Legs	87
Club Foot	17
Osteomyelitis	7
Cerebral Palsy	20
Congenital dislocation of the Hip	16
Torticollis	9
Pseudo-coxalgia	14
Poor Posture	32
Hallux Valgus and Deformed Toes	37
Paralysis and Birth Injuries	9
Pes Cavus and Talipes	29
Synovitis	8
Achondroplasia	2
Muscular Distrophy	4
Slipped Epiphysis	2
Still's Disease	1
Other Conditions	103
	797

The above tables refer only to children of school age. The statistics for children under school age, and persons over school age, are dealt with in the general report on the Health Services. The statistics do not vary greatly

from the previous year. The numbers attending are well maintained, but, as I have said before, there is a variation which is somewhat disturbing in the *quality* of the cases referred to our orthopaedic clinics. As will be seen from the table, a very large amount of time is taken up with minor conditions, such as flat feet and knock knees. In the main, the more important orthopaedic conditions are not newly referred, but have been on the books for a number of years.

Children requiring hospital treatment are now admitted to the Cumberland Infirmary, as well as to the Ethel Hedley Hospital, Windermere. Contact between the orthopaedic department at the Cumberland Infirmary and this department is not as close as it might be, and it was a little disturbing to find that cases referred to the Cumberland Infirmary for hospital treatment had been in and out without our knowing anything about it. We had imagined they were still on the waiting list. We found, too, that cases had been removed from the waiting list as not requiring hospital treatment which we were under the impression were still awaiting admission.

These matters have been discussed in the appropriate quarter, and I hope that the difficulties indicated will cease.

Brief reference is made in another part of this report to occupational therapy. If this service becomes established, a number of our home-bound cripples will benefit.

TABLE G

DENTAL INSPECTION AND TREATMENT

(1)	Number of pupils inspected by the Authority's Dental Officers—	
	(a) Periodic Age Groups	17147
	(b) Specials	2489
(2)	Number found to require treatment	9058
(3)	Number actually treated (including emergencies)	10640
(4)	No. of attendances made by pupils for treatment	19452
(5)	Half-days devoted to—	
	(a) Inspection	205
	(b) Treatment	1661
		1866
(6)	Fillings—Permanent Teeth	4415
	Temporary Teeth	728
		5143
(7)	Extractions—Permanent Teeth	2006
	Temporary Teeth	14057
		16063
(8)	Anaesthetics—Local	8718
	General	1565
		10283
(9)	Other Operations—Permanent Teeth	4483
	Temporary Teeth	146
		4629
(10)	Orthodontic Appliances	318
(11)	Metal Inlays	6
(12)	Crowns—Dowel	3
(13)	Crowns—Jacket	2
(14)	Dentures	107
(15)	X-Ray Examinations	268

The Senior Dental Officer (Mr. A. C. S. Martin) makes the following comments on the School Dental Service :—

" In the report for the year 1947 it was pointed out that as far as primary schools were concerned the position was well in hand, and though a certain amount of leeway still remained to be taken up in the grammar schools, the position was definitely satisfactory, steady progress having been made since the introduction of the new scheme in 1938. It is well to emphasise that at this point all schools, including those in the most remote rural areas, were receiving regular routine inspection and treatment and the acceptance rate was very high.

" This position had been attained in spite of the war years, so that the local authority had every reason to feel satisfied with the state of the dental services in the schools. Fortunately, it was not then possible to foresee the impending changes. It is nothing less than tragic to take stock of the position at the end of 1950. Whitehaven Borough, which then had the full service of one dentist and approximately 50 per cent. of the service of another, is now reduced to emergency treatment, which is available only two days per week. Maryport, which normally should have at least three days per week, is reduced to one. Workington is similarly reduced as regards the technical and grammar schools, while all clinics are reduced beyond the point at which satisfactory service can be maintained.

" The staff of assistant dental officers is now reduced to 50 per cent. of the approved establishment, and the prospect of any replacements may as well be abandoned. There is no need to repeat the reasons for the denuding of the local authority dental service. No one can blame a dental surgeon for leaving a service when by doing so he can without undue effort double or treble his income. This is not the place to discuss the answer to the problem, nor is it desirable that any local authority should commence bargaining in opposition to the National Health Service to secure the necessary staff. It can only be hoped that the powers that be will be able to devise means to secure adequate staffing for what are constantly referred to as priority services. There is some small comfort in the fact that the position in Cumberland is not nearly so bad as it is in many other areas, and there is no doubt

that this is due in the main firstly to the happy working conditions provided by the authority and, secondly, to the prompt action which was taken in relation to the salary question. It is to be hoped that there will be no further reductions in staff, but under present economic conditions this must remain very doubtful.

" In spite of the staff shortage, a certain amount of specialisation has been provided for. In the field of orthodontics, Mr. G. B. Hopkin, who has recently gained the specialist's qualification in this subject, has carried out an increasing amount of work with highly satisfactory results. The County are fortunate to possess an officer with these qualifications, as the value of this work is not open to question. General anaesthetics have to a large extent been covered by Mr. R. B. Neal, who is well qualified in this aspect of the service. This, too, has proved a great advantage, prolonged anaesthesia allowing complete treatment to be carried out at one sitting in many cases. The establishment by the Special Area Committee of an oral surgery centre at Workington Infirmary has made it possible to refer patients there instead of sending them to Newcastle, as has hitherto been the custom. The fact that Mr. Neal is also the dental surgeon at this centre greatly facilitates liaison in the matter.

" Dr. T. H. Thompson left the staff in August, but continued for two months in a part-time capacity. As indicated above, it has not been possible to make an appointment to this vacancy.

" It would not be right to end this report without recording how much the willing co-operation of the staff is appreciated. There is no doubt that the continual changes place an undesirable strain on everybody—especially when associated with a process of attenuation, which means that additional areas are added to the responsibilities of each already over-taxed dental officer. It is hardly necessary to add that yearly inspection and treatment in schools is now a thing of the past, as in the majority of cases the interval between inspections is at least 18 months. This, of course, creates another vicious circle, because the longer the period between inspections the more work accumulates to be done, and consequently inspections, which are the basis of the whole service, tend all the time to become more infrequent."

TABLE H

CHILDREN IN SPECIAL SCHOOLS

Name of School.	Girls.	Boys.
Royal Victoria School for the Blind, Newcastle	—	2
Yorkshire School for the Blind, Doncaster	—	1
Condover Hall School for the Blind, Shrewsbury	—	1
Chorleywood College for the Blind ...	2	—
Northern Counties' School for the Deaf and Dumb, Newcastle	4	5
Royal Cross School for the Deaf, Preston	—	5
Boston Spa Institution for the Deaf ...	2	1
Yorkshire School for the Deaf, York ...	—	1
Colthurst House for Epileptics, Warford, Cheshire	—	2
Maghull Home for Epileptics, Liverpool ...	2	1
Besford Court, Worcester	—	1
Hardman St. School for the Blind, Liverpool	1	—
Saint Francis School for Boys, Hooke, Dorset	—	1
Leasowe Children's Hospital School, Moreton, Cheshire	1	1
Hesley Hall School for Physically Handicapped, Tickhill, nr. Doncaster ...	—	1
Derwent Cripples' Training College, Oswestry	—	1
St. Catherine's Home for Delicate Children, Ventnor, Isle of Wight	—	1
	12	25

CHILD GUIDANCE

In January, 1950, the Workington Child Guidance Centre was transferred to Whitehaven, as the premises at Workington were most inadequate. The Whitehaven Centre is fully equipped, and a room for play therapy is provided. In June a third Child Guidance Centre was opened in Maryport.

The position with regard to these three Centres is set out below:—

	Carlisle.	Maryport.	Whitehaven.	
Sessions per week ..	1	1	2	
STAFF :				
Psychiatrist	Dr. Braithwaite.	Dr. Ferguson.	Dr. Ferguson.	
Psychologist	Miss Burrows.	Miss Burrows.	Miss Burrows.	
Psychiatric Social Worker	Miss M. Lamb.	Miss Taylor.	Mrs. Campbell	
				Totals
Cases on Register, 1/1/50	8	—	27	35
Cases referred by:—				
General Practitioners ..	13	5	10	28
School Medical Officers	10	5	9	24
Children's Officer ..	1	3	1	5
Probation Officers ..	3	—	1	4
Others	13	9	8	30
	40	22	29	91
Cases dealt with	36	20	49	105
Total attendances	87	83	231	401
Interviews by Psychiatrist:				
(1) With child	86	17	59	162
(2) With parent ..	85	44	196	325
Interviews by Psychiatric Social Workers:				
(1) Homes	51	28	34	113
(2) Clinics	70	14	8	92
Interviews by Psychologist:				
(1) School visits in connection with Clinic cases	20	12	18	50
(2) Tests and Play Therapy	28 (Tests only)	22	205	255
Active on 31/12/50 ..	12	12	15	39

Dr. Braithwaite, Dr. Ferguson and Miss M. Lamb are seconded by arrangement with the Regional Hospital Board.

Mrs. Campbell resigned on January 1st for domestic reasons, but has now rejoined the staff as a part-time worker.

In spite of repeated advertisements, it has been impossible to obtain the services of a Psychiatric Social Worker; therefore Miss Taylor, one of the Mental Health Workers, who has a degree in Social Science, has assisted at the Whitehaven and Maryport Child Guidance Centres.

SPEECH THERAPY

Miss Chapman took up her duties as Speech Therapist in September, 1950, and submits the following report on her work:—

"It is not until the speech therapist commences her practical work in an area, especially in one so large as Cumberland, that she realises the overwhelming and tremendous need for her work, the enormity of the job undertaken, the scope it offers her in helping the children, not only with their speech difficulties, but with psychological problems also; and the endless and numerous side-tracks which lead off the main object of speech therapy, namely, the scientific curing of the defects and disorders of voice and speech.

"As soon as I started work in Cumberland I was presented with a list of 106 cases who required speech therapy. Sixty-nine of these children are now being treated. Three cases, two dyslalics and one stammerer, have been discharged within the last three months with correct speech. The reactions of the parent on being called up for an interview have been varied. Most mothers have been co-operative, willing and helpful, but others, on the other hand, have resented the fact that their child is considered to have defective speech, when they themselves ardently believe that the child's speech is perfect. Consequently the attendances have varied. There is the one 'set' who attend regularly every week and who co-operate in every way possible; and the other 'set' whose attendances are scanty and irregular and whose co-operation as regards therapy in the home is disappointing and unsatisfactory.

"With reference to the 'side-tracks' mentioned above, I have in mind the question of *laterality and intelligence tests. It is my aim to test the laterality of every child who is being treated, as it is my firm belief

* e.g. Right-handed or left-handed.

that laterality is a great influencing factor in dealing with the causes of defective speech and disorders of speech. This is especially so with stammerers. When the laterality of a child is undeveloped and there is no dominant gradient, then speech is bound to be inhibited. The speech centre in the brain is unilateral and is situated in the dominant hemisphere; therefore, if there is no dominant hemisphere the speech of the child will suffer in one way or another. I would also like the intelligence quotient of each child to be taken, so that I know the capabilities and general prognosis of each individual case. The latter, however, will take a very long time to organise and complete.

"Speech clinics are held in Penrith, Whitehaven, Maryport, Workington, Wigton and Carlisle. The best-attended clinics are in Penrith and Carlisle. There is only one clinic at which treatment is proving unsatisfactory, namely Whitehaven. Here there are 29 children being treated fortnightly. Rather than treat a number of children weekly, it was suggested that I should treat them fortnightly, but still hold weekly clinics, thereby seeing two sets of children, each set attending the clinic every alternate week. But it can be well appreciated that forty minutes or an hour every fortnight is hardly sufficient or conducive for quick and satisfactory progress. It is essential that treatment for all cases of defective speech and disorders of speech is frequent and consistent. Thus, if one child is absent for one week, as so many of them have been recently, it is a whole month before they attend the clinic again. During this time, indeed during a fortnight, a child may well easily forget all that he learned during the last treatment. This is especially true when the parent is not so conscientious and co-operative as is desired. It is not only the treatment at the speech clinic which is important, but also the practice and work which is done in the home. This cannot be over-emphasised.

Defect.	Girls.	Boys.	Total.
Stammer	9	31	40
†Dyslalia	13	10	23
‡Idioglossia ...	1	2	3
Voice Disorder ...	—	1	1
Cleft Palate ...	—	2	2
			69

† e.g. "Fumb" for "thumb," "yabbit" for "rabbit."
‡ e.g. An exaggerated form of dyslalia.

" The above shows a rough chart of the different defects which are being treated, plus the corresponding numbers. It is interesting to note the number of boys who are being treated for defective speech compared with the number of girls. This is especially noticeable where the stammerers are concerned.

" The grouping of children for treatment is no easy matter. Just because several children have dyslalia and are of the same chronological age, it does not mean that they will automatically work together like clockwork. One has to consider the personality, mental age, intelligence and general behaviour of each individual child and group them accordingly. For example, I am treating two children who are approximately the same age, and who both suffer from multiple dyslalia. One, however, is more backward than the other in many aspects, and is also emotionally maladjusted. The result is that each child in a different way keeps the other back in her progress. The comparatively advanced child is continually helping the other one, thus spoiling any chance of her becoming confident and more independent, and the backward child, by her slowness and general retardation, is preventing the other child from progressing as quickly as she otherwise would. These two children then should obviously be separated for their treatment, but this knowledge can only be brought to the notice of the therapist through experiment. There has been in former months, therefore, a continual chopping and changing of different times for different patients, in order that the most suitable and appropriate grouping may be obtained.

" A second speech therapist would, of course, solve many problems. For example, the fortnightly clinics at Whitehaven could be abolished, and weekly treatment for a set of children be given by each therapist, thus covering double the number of children and also giving them the more frequent sessions which they so urgently require. Possibly even more than double the number of children could be treated, as a second therapist would not need to travel all the way from Carlisle, as she would make her headquarters in West Cumberland. Secondly, it would enable a therapist to travel down to Millom to hold a clinic there, instead of both mothers and children travelling up to Whitehaven. As it is, the children arrive tired, and consequently do not work so hard. It is

difficult enough to hold the attention of children under the best of conditions. Thirdly, the subject has been approached concerning the opening of a speech clinic in Alston. At the moment, of course, this is impossible, but a therapist working in West Cumberland would allow me to concentrate more fully on East Cumberland. A second therapist would also make possible the treating of individual cases. At the moment I am treating a child in Workington with a group of other children. This child is mentally retarded and, as well as having articulatory defects, her vocabulary is extremely limited and her language development slow. This case, of course, requires individual treatment, and although she is improving under the present conditions, the improvement would be even more satisfactory and rapid if she had the individual attention required.

"Finally, there is at the moment a waiting list of approximately 70 cases, the same number of children that I am treating now, and that fact alone is reason enough for urgently requiring a speech therapist for West Cumberland."

SCHOOL MEALS

The provision of school meals showed a further steady expansion throughout the year, and children in attendance at 246 schools and departments, out of a total of 287, now enjoy the benefit of a hot dinner. On a check day in October, 1949, 61.15 per cent. of the children in attendance at school were served with a mid-day meal. By October, 1950, with an increase of 1,000 dinners a day, the percentage had advanced to 64.38 per cent. The total number of dinners served to children on this day was 19,163.

Although no new building was commenced during the year because of restrictions on capital expenditure, several canteens on which work had begun prior to October, 1949, were opened. These included standard kitchens at Raughton Head, Dean, Welton, Armathwaite, Plumbland, Oughterside, Cargo, Blackford, Cumwhitton and Spelterworks Schools. The remaining four kitchens in this group, those at Blencogo, Hallbankgate, Hesket-New-Market and Nenthead schools, could not be opened

for lack of adequate drainage facilities in the case of Blencogo, and because of delay in the connection of electricity supplies to the others. New buildings or adaptations to existing premises which were completed during the year resulted in the opening of kitchens or self-contained canteens at Garrigill, Kingstown and Wetheral Schools, while it was possible by renting the Parish Hall at Drigg and installing cooking and washing-up facilities, to provide meals for children attending Drigg School. The existing temporary dining arrangements at Frizington St. Paul's, Threlkeld, Aspatria, Silloth, Parton Williamson and Workington Victoria Schools and at Cumberland Technical College and Workington Grammar School were superseded as a result of the opening of new kitchen dining rooms at these schools.

The continued ban on new canteen building necessitated recourse to a policy of expanding the service by conveying meals from central kitchens or self-contained canteens to neighbouring schools which were still without dinners, and of serving them either in the schools themselves or in rented premises. The success of this policy may be judged from the fact that the number of additional schools which were provided with meals in this way during the year almost equalled the number of kitchens which were opened at individual schools during the same period. Schools so provided with dinners were Wiggonby, Waverbridge, Keekle Terrace, Houghton, Shankhill, Biglands, Ainstable, Embleton, Threlkeld Quarry, Walton, Wreay, Sebergham, Carleton, Kirkandrews-on-Eden, Gilcrux and St. Bees. It was also found possible to send hot dinners to Eskdale Low School, instead of packed lunches as formerly.

The new kitchen dining room at Whitehaven Secondary School was completed shortly before Christmas, and will open at the beginning of the spring term, but progress on the contracts for the erection of nine standard kitchen dining rooms at schools in the north of the County was slow. Although the building work was well advanced by the end of the year, in no case was a supply of electricity available.

As a result of representations by the Authority, the Ministry of Education conceded the necessity for the

erection of new central kitchens at Stainburn and Whitehaven, in replacement of the existing dilapidated and sub-standard former Ministry of Food cooking depots. A starting date was secured for work in connection with the former project, although it has not yet become possible to commence building, and it is hoped that work on the new Whitehaven Central Kitchen will begin next summer.

MILK IN SCHOOLS

From a check taken during October, 1950, the number of children present in all schools and departments was 29,763, of whom 23,662 were taking milk. These figures imply that 79.5 per cent. of our children are drinking milk, as against last year's figure of 82 per cent.

The following table shows the percentage of different grades of milk being supplied to schools at the end of 1950, the corresponding figure for 1949 being shown in brackets.

Type.	Percentage.
Pasteurised	45 (41)
Tuberculin Tested	37 (39)
Accredited	4 (4)
Attested	5 (5)
Ungraded	9 (11)

At the end of the year 14 small schools, as against 13 in 1949, were without a regular supply. Efforts are being made to find suppliers willing to undertake delivery to these schools.

PHYSICAL TRAINING

I am indebted to the Chief Organisers of Physical Education—Miss Kathleen Sutton and Mr. Lionel Heyworth—for the following report on physical activities during the year:—

" The change in outlook towards Physical Education, which has developed in recent years, has been endorsed by Cumberland teachers and readily accepted by pupils during the past twelve months. It has become increasingly clear to all concerned with the moulding of the child mind and body that education is individual and that the child's time and activity in school should be so directed that he has the opportunity of developing his whole mind and body along those lines which are best suited to himself and his environment. While education through free and

directed activity is widely accepted in the Primary School, experiment still continues, and there is much scope for research at the Secondary stage.

" Consequently, through the medium of further teachers' classes held at Workington and Whitehaven, teaching staffs have been encouraged to adapt teaching method and lesson content to local circumstances ; to fuse within the physical training lesson the many aspects of Physical Education ; to inculcate in the child a sense of initiative and personal responsibility for his employment ; to test and encourage individual achievement, and to corellate physical and mental development by an intelligent understanding, by the child, of movement training.

PHYSICAL TRAINING.

" Teachers in the smaller schools now enjoy sufficient small equipment to implement the modern methods in physical training, and it is hoped that sufficient apparatus will continue to flow into schools to replace present stocks and to provide an adequate supply for the larger schools, where two or more classes are required to take the physical training lesson at one time.

" In physical training Cumberland has adopted a scheme in which directed and free activity are given their proper place, and teaching staffs are to be congratulated upon the way in which they have responded to an entirely new technique. Schemes of work have been taken up enthusiastically and, in spite of exceptionally bad weather over a long period, it is gratifying to record improvement in skills, control, poise and sensitivity to movement during the past year.

" The degrees of performance is largely governed by facilities and suitable clothing, and it should be realised that full benefit from exercise cannot be gained unless movement is unrestricted.

DANCING.

" With the supply over the past year of gramophone records, the traditional dance is becoming a part of the physical education programme. In mixed schools it is pleasing to see a gradual increase in the number of boys taking part, and the amalgamation of boys' and girls' schools for this activity is to be commended.

" In the isolated villages of the fell districts of Cumberland the social life often revolves around the traditional

dance, and much has been done in further education classes and by voluntary groups to keep the dance alive. The barn dances have been lively occasions, equally popular with men and women, where the general standard of performance has been good.

" Scottish dancing among young people and adults is popular in North Cumberland, and in some of the further education classes a high standard of footwork is attained.

" Instruction in old-time dancing has been given over a wide field and meets the needs of those whose aim is not to master technique, but to take the floor with confidence at village functions. There has been a good attendance of men and women of all ages at these classes.

GAMES AND ATHLETICS.

" In the field of voluntary activity, both in the schools and in the clubs, the year has been marked by a steady improvement in technique and expansion in activity.

" Advantage has been taken of the high standard of coaching afforded through the coaching schemes of the Football Association, the Rugby League and the Cumberland Netball Association, and much valuable work has been done by the teachers in the coaching of school children and young people.

" The inroads into rural areas are now firmly established, linking the remotest country schools, from Millom to the Border Country, embracing isolated schools and affording full opportunity to participate in athletic sports, league games and County tournaments.

" A nucleus of tennis equipment has been provided for the 14-15 age groups in those schools where facilities exist or public courts can be hired.

SWIMMING.

" Regular swimming instruction has been carried out at the Whitehaven, Workington and Wigton Baths, and progress, particularly at the beginners' stage, continues to be satisfactory.

" It is pleasing to note the marked improvement in the performance of children from rural areas and, in spite of erratic weather conditions, the County Swimming Tests reveal that instruction in lake, river and pool has been commendable.

" Life-saving classes have been taken at Workington, Whitehaven and Penrith, and excellent results have been obtained in theory and waterwork.

FURTHER EDUCATION.

" In the field of Further Education, classes have covered all branches of physical education, including Physical Training, Dancing, Athletics, Games and Swimming. Attendances have been satisfactory, considerable benefit has been derived, and the happy social atmosphere in the mixed classes has been a marked feature.

PLAYING FIELDS AND RECREATIONAL FACILITIES.

" During the past year the Committee has improved the 10.5-acre Colliery Meadow Field, Whitehaven, to provide facilities for Football, Hockey, Netball, Athletics, Tennis and Cricket. At the field, the athletic track, which is identical in construction to that used for the 1948 Olympic Games, will meet a long-felt need in Cumberland, and the facilities as a whole will begin to close the gap of deficiency of playing-field provision for schoolchildren, youths and adults which exists not only in West Cumberland but also throughout the County.

" The Authority's Officers have assisted the work of the Cumberland and Westmorland Playing Fields Association by assuming responsibility for administration and for the technical advice service. Public meetings have been attended, plans of lay-out of recreation grounds have been drawn, specifications have been prepared and advice has been given upon procedure for making grant application to the Ministry of Education. Fourteen schemes are in the course of preparation, and the enthusiasm shown at local public meetings is indicative of a determination in many parts of the County to overcome, through local effort, the many obstacles which confront a scattered rural community where facilities are very limited. The public are aware of the need for children's playgrounds, particularly in urban areas and in villages situated on busy roads, and local voluntary labour is instrumental in rectifying the severe shortage of these important facilities. Much remains to be accomplished in this field, and responsible bodies are urged to take full advantage of the powers given to grant-aiding organisations."

MEDICAL INSPECTION RETURNS

TABLE I.

MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY & SECONDARY SCHOOLS

A—PERIODIC MEDICAL INSPECTIONS

Number of Inspections in the prescribed Groups:—

Entrants	3419
Second Age Group	3617
Third Age Group	3092
Total	10128
Number of other Periodic Inspections	Nil
Grand Total	10128

B—OTHER INSPECTIONS

Number of Special Inspections	14671
Number of Re-Inspections	5074
Total	19745

C—PUPILS FOUND TO REQUIRE TREATMENT

NUMBER OF INDIVIDUAL PUPILS FOUND AT PERIODIC MEDICAL INSPECTION TO REQUIRE TREATMENT

(EXCLUDING DENTAL DISEASES AND INFESTATION WITH VERMIN)

	For defective vision (excluding squint).	For any of the other conditions recorded in Table II.A.	Total individual pupils.
Entrants	43	713	745
Second Age Group	211	359	549
Third Age Group	203	288	473
Total (prescribed groups)	457	1360	1767
Other Periodic Inspections	Nil	Nil	Nil
Grand Totals	457	1360	1767

TABLE II.

A—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION DURING THE YEAR

Defect Code No.	Defect or Disease.	PERIODIC INSPECT'NS. No. of defects. Requiring treatment.	PERIODIC INSPECT'NS. No. of defects. Requiring to be kept under observation. but not requiring treatment.	SPECIAL INSPECT'NS. No. of defects. Requiring treatment.	SPECIAL INSPECT'NS. No. of defects. Requiring to be kept under observation but not requiring treatment.
4.	Skin	40	74	1302	70
5.	Eyes—				
	(a) Vision ..	457	742	910	1474
	(b) Squint ..	91	122	157	239
	(c) Other ..	96	37	389	55
6.	Ears—				
	(a) Hearing ..	24	24	42	26
	(b) Otitis-Media	51	62	163	82
	(c) Other ..	24	28	89	42
7.	Nose and Throat	545	597	699	621
8.	Speech	12	40	26	77
9.	Cervical Glands..	12	67	34	86
10.	Heart & Cir'c'l't'n	28	103	81	118
11.	Lungs	144	412	318	638
12.	Developmental—				
	(a) Hernia ..	9	18	12	19
	(b) Other ..	7	52	10	63
13.	Orthopaedic—				
	(a) Posture ..	19	17	14	16
	(b) Flat Foot ..	23	46	54	90
	(c) Other ..	79	125	116	170
14.	Nervous System—				
	(a) Epilepsy ..	11	9	7	15
	(b) Other ..	13	27	56	42
15.	Psychological—				
	(a) Development	28	65	54	126
	(b) Stability ..	6	7	26	33
16.	Other	205	102	1659	140

B—CLASSIFICATION OF THE GENERAL CONDITION OF PUPILS INSPECTED DURING THE YEAR IN THE AGE GROUPS

Age Groups.	No. of Pupils. inspected.	A (Good) No.	A (Good) %	B (Fair) No.	B (Fair) %	C (Poor) No.	C (Poor) %
Entrants	3419	1094	32.0	2229	65.19	96	2.81
2nd Age Group ..	3617	1126	31.13	2338	64.64	153	4.23
3rd Age Group ..	3092	1152	37.26	1858	60.09	82	2.65
Other periodic Insp'ns	—	—	—	—	—	—	—
Total ..	10128	3372	33.29	6425	63.44	331	3.27

TABLE III.

INFESTATION WITH VERMIN

(i) Total number of examinations in the schools by the school nurses or other authorised persons	94,869
(ii) Total number of individual pupils found to be infested	2,186
(iii) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2) Education Act, 1944)	—
(iv) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3) Education Act, 1944)	—

TABLE IV.

Treatment Tables

GROUP 1—Diseases of the Skin (excluding Uncleanliness, for which see Table III.)

	Number of cases treated or under treatment during the year	
	By the Authority.	Otherwise.
Ringworm— (i) Scalp	8 ..	3
(ii) Body	53 ..	1
Scabies	72 ..	—
Impetigo	322 ..	—
Other Skin Diseases	864 ..	—
Total	1319 ..	4

GROUP 2—Eye Diseases, Defective Vision and Squint.

	Number of cases dealt with	
	By the Authority.	Otherwise.
External and other, excluding errors of refraction and squint	67 ..	—
Errors of Refraction (incl. squint)	1545 ..	—
Total	1612 ..	—

Number of pupils for whom spectacles were—		
(a) Prescribed	1168 ..	—
(b) Obtained	— ..	—
Total	1168 ..	—

GROUP 3—Diseases and Defects of Ear, Nose and Throat.

	Number of cases treated	
	By the Authority.	Otherwise.
Received operative treatment—		
(a) For diseases of the ear ..	24 ..	3
(b) For adenoids and chronic tonsilitis	751 ..	20
(c) For other nose and throat conditions	16 ..	3
Received other forms of treatment	46 ..	—
	837	27

GROUP 4—Orthopaedic and Postural Defects.

(a) Number treated as in-patients in hospitals	51 ..	
	By the Authority.	Otherwise.
(b) Number treated otherwise, e.g., in clinics or out-patients' departments ..	797 ..	—

GROUP 5—Child Guidance Treatment.

	Number of cases treated	
	In the Authority's Child Guidance Clinics.	Elsewhere.
Number of pupils treated at Child Guidance Clinics ..	109 ..	—

GROUP 6—Speech Therapy.

	Number of cases treated	
	By the Authority.	Otherwise.
Number of pupils treated by Speech Therapists	68 ..	—

GROUP 7—Other Treatment Given.

	Number of cases treated	
	By the Authority.	Otherwise.
(a) Miscellaneous minor ailments	1296 ..	—
(b) Other (specify)—		
.. ..	— ..	—
Total	1296 ..	—

TABLE V.

DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY.

(1) Number of pupils inspected by the Authority's Dental Officers—	
(a) Periodic age groups	17147
(b) Specials	2489
Total (1) ..	19636
(2) Number found to require treatment	9058
(3) Number referred for treatment	8151
(4) Number actually treated	10640
(5) Attendances made by pupils for treatment ..	19452
(6) Half-days devoted to: Inspection	205
Treatment	1661
Total (6) ..	1866
(7) Fillings: Permanent Teeth	4415
Temporary Teeth	728
Total (7) ..	5143
(8) Number of teeth filled: Permanent Teeth ..	4251
Temporary Teeth ..	538
Total (8) ..	4789

(9)	Extractions: Permanent Teeth	2006
	Temporary Teeth	14057
	Total (9) ..	16063
(10)	Administration of general anaesthetics for extraction	1565
(11)	Other operations: Permanent Teeth	4483
	Temporary Teeth	146
	Total (11) ..	4629